U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

💯 READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U - 1062B				2. Fiscal Year Covered From:					
	<b>y</b>		·		1/1/	2004 Through:	12 / 31	2004	
3. Name	and address of person	filing.		4. Name, file number, and address of labor organization.					
Name David W Volz				Name American Train Dispatchers Association					
				Labor	Organization File Nu	mber 000-042	oncernations		
P.O. Box, Bldg., Room No., if any				P.O. Box, Building and Room Number, if any					
Street	Street 5854 Spring Country				Street 1370 Ontario Street - Suite 1040				
City	y San Antonio			City Cleveland					
State 7	in the contract of the contra		ZIP Code + 4 78247-1601	State	Ohio		ZIP Code + 4	44113-1736	
5. Position	n in labor organization.	Vice Pr	esident		menena maranen primis sembalakan kensakan pulak palakan kensakan kensakan kensakan baharan baharan baharan bah				
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.									
6. Name a	and address of Employe	r (including t	rade name, if any).	7.a. Nat	ure of Interest, Trans	action, or Income.	niin meestaanna con miniminen oo doo kun ahna eezin oo doo ka saa oo doo doo ka saa oo doo doo ka saa oo doo d	estrato ka cinto estimova nora est tiral discostrictato attendo con con con con con con con con con co	
Name	tita kata kata kata kata kata kata kata			delico e di coministrato					
Trade N	ame, if any:			dawwoda dangolanga daw				Anderson Communication	
P.O. Box, Bldg., Room No., if any									
Street [	той дать как и стору в при	omeninas (1 single) en proprio proprio Con sincia de proprio p		7.b. Am	ount.				
City		مدار المساورة والمراجعة المراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراج والمراجعة والمراجعة			and period perio		entidenty dente de encontre préparetament de entre encontrate de entre e		
State	and a suite consistent and deviation of the consistent of the cons		ZIP Code + 4						
,			Sign	ature					
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)									
Signed	Ourof			On	8/14/2005	210-650-34		tracker of the contract reduction and contract contract and contract contract and contract contract and contract contract contract and contract con	
Form I M-3	0 (0000)	$\theta$			Date	Te	elephone Numbe	er	

Name of Person Filing David Volz	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activally any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise				
8. Name and address of Business (including trade name, if any).  Name National Railway Labor Conference (NRLC)  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1901 L Street, N. W.  City Washington  State District of Columbia ZIP Code + 4 20036-3514	9. Business deals with:  a. Labor Organization b. Trust  c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Class I Reilroad Carriers on Attached List  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.a. Nature of such dealing.  National Railway Labor Conference (NRLC) through the National Carriers' Conference Committee is the bargaining agent for such carriers.  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  Dinner on 2/1/04 attended by myself and wife.  Amount stated is approximate.				
	12.b. Amount. \$80				
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant					
(including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.				

Name of Person Filing David Volz	File Number <b>u-</b>

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Holland, Groves & Schneller, L.L.C.	a. Labor Organization			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	b. Trust			
Street 300 N Tucker Blvd - Suite 801	c. Employer			
City St. Louis				
State Missouri ZIP Code + 4 63101-1914				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name	Holland, Groves & Schneller, L.L.C. represents my wife in a legal matter.			
Trade Name, if any:		The Control of the Co		
P.O. Box, Bldg., Room No., if any	L-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	THE PROPERTY OF THE PROPERTY O		
Street		other-power decimans on the second		
		dominare autoritation de la companya del companya del companya de la companya de		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.			
	12.a. Nature of interest held or income received.			
	Waived fees and expenses.			
	The second secon	N. Colombian Col		
		non-values supple		
		AND CONTRACTOR OF THE CONTRACT		
		Chenone Anna est		
	12.b. Amount,	\$4,744		

## Carriers Represented by the National Carriers Conference Committee

The Belt Railway Company of Chicago
The Burlington Northern and Santa Fe Railway Company
Consolidated Rail Corporation
CSXT Corporation
Indiana Harbor Belt Railroad Company
The Kansas City Southern Railway Company
Norfolk Southern Railway Company
Northern Indiana Commuter Transportation District
Terminal Railroad Association of St. Louis